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## WOODHULL STUDY REVISITED

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# Breaking News: Nurses Not Included

By Chris Cowperthwaite, APR; NCNA Manager of Communications and Outreach

In 1997, *Titanic* ruled the box office; Elton John, Jewel, and Puff Daddy topped the music charts; and NBC's Thursday night lineup was "Must See TV." Despite a praise-worthy depiction of nurse Carol Hathaway by Julianna Margulies, NBC's *ER* was seen by many as too tilted towards physicians.

It turns out that TV dramas weren't the only places where nurses were underrepresented. The *Woodhull Study on Nursing and the Media: Health Care's Invisible Partner*, published in 1998 by Sigma Theta Tau International, found that only four percent of health news stories from leading national and regional newspapers cited nurses as expert sources.

*"The major theme was that there are biases in newsrooms and among PR staff in healthcare organizations and universities about women, about nurses, and about positions of authority in healthcare," said Mason.*

"It was a pretty bad showing," said Diana J. Mason, PhD, RN, FAAN, a senior policy service professor at the center for health policy and media engagement at George Washington University.

Anyone with even the most basic understanding of healthcare can appreciate nursing's role. Nurses make life-or-death decisions every day, physicians routinely go to nurses for advice, nurses conduct important research — and they have earned their status as the most trusted profession in the United States time and again.

In the 20 years since the Woodhull study, had there been any improvements in the percentage of nurses quoted in healthcare coverage, though? Mason and three of her colleagues decided to examine the results of the original Woodhull Study and replicate it for 2017.

"The difference between '97 and 2017 is not statistically significant," Mason said. "So, we're not saying things have gotten worse, we're just saying they've not changed."

Two decades later, *The Woodhull Study Revisited* showed that nurses were only being cited in two percent of health news stories, and the vast majority of those quotes were for stories on the nursing profession itself, not health issues.

"The major theme was that there are biases in newsrooms and among PR staff in healthcare organizations and universities about women, about nurses, and about positions of authority in healthcare," said Mason.

She said longstanding issues of systemic sexism and implicit hierarchies are rooted deeply in all three aspects of a typical news story on healthcare:

1. Reporters generally do not understand the expertise that nurses possess;
2. Hospital/university PR departments feel obligated to promote physicians as the ultimate experts because that's what the general public expects, and;
3. Nurses themselves tend to be wary of assertively claiming the spotlight.

Rose Hoban, RN, MPH, has seen all three of those biases play out repeatedly. Hoban worked in emergency departments, in behavioral health, in community health, and in other settings for years before switching careers to become a healthcare journalist. Since 2012, her award-winning independent *North Carolina Health News* has become one of the most widely-read healthcare outlets in the state and boasts a staff of two full time and nine part time humans (along with a canine Chief Morale Officer named Marconi who constantly works overtime).

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Rose Hoban from *North Carolina Health News* interviews NCNA CEO Tina Gordon during the 2016 Annual Convention.



"We all know that when it comes to bedside, nurses have a much more intimate knowledge of their individual patients on a day-to-day basis," Hoban said. "But that knowledge is discounted in the medical hierarchy."

Before starting her own newsroom, Hoban often had to convince her editors that nurses were not just a fallback option for interviews. She remembered one particular story about hurricane preparedness: she, as a nurse/reporter, profiled a home health nurse who was helping care for a retired nurse in eastern Carolina.

"It just so happened that at the time, the head of Emergency Management for the state was a nurse. So, it was an entire story without any doctors in it. It felt like such a victory," Hoban said with a laugh.

Getting that story approved was a struggle, though, and it serves as an example for why many nurses are coming to realize the ramifications of *The Woodhull Study Revisited* today.

"We have a social responsibility to share our expertise with the public. We have perspectives that other people don't and they're important perspectives and the public trusts us," Mason said. "We have to help journalists understand why our perspective might be essential to a story."

Overcoming decades of bias from reporters and PR staff is not going to be easy, and it certainly will not happen unless nurses are intentional about changing the dialogue. Mason believes that is a big reason there has been so little progress since the 1990s.

"[Nurses] come out of the military and the church. And so, there's this long tradition of hierarchy and authority and you don't speak up," Mason said. "And if you speak up, you could lose your job."

The job security angle may be one of the most pernicious, especially for Advanced Practice Registered Nurses working under North Carolina's outdated regulations. Often, these nurses either work for hospital systems that require them to funnel all comments through the PR department or rely on a supervising physician who can terminate the agreement on a whim.

"I have had dozens — without exaggeration, dozens — of conversations with nurses, particularly Nurse Practitioners and Midwives, who have complained bitterly to me about the supervision issue in North Carolina," Hoban said. "And, yet, they will not be quoted because they fear losing their physician supervisor."

Hoban likens it to a chicken and egg situation that has helped maintain the status quo. She says it is incumbent upon nurses to be proactive about inserting their perspectives in policy debates that they see as important.

"If nurses want to change the healthcare system that they see dysfunctioning on a daily basis, they need to speak out. And that means they need to figure out how to do it," Hoban said. "Do it in ways that are appropriate. Do it in ways that won't jeopardize their careers. But just go for it."

For more information about *The Woodhull Study Revisited*, go to <https://nursing.gwu.edu/woodhull-study-revisited>. To read *North Carolina Health News*, visit <https://www.northcarolinahealthnews.org/>.

#### **ROSE HOBAN'S ADVICE FOR NURSES**

- Talk to your supervisor. Find out ahead of time what you can and cannot discuss with reporters, especially if you are planning to come to the General Assembly to advocate for a specific issue. "Define the terms before you're in the position where you might or might not be giving a quote."
- Talk to reporters. If you are interested in an issue and know of a reporter who covers that topic, start building a relationship so the reporter will begin to see you as a trusted source. "Call them up and say 'Hey, do you want to have lunch or do you want to visit my unit?' I tell people that all the time, because it's a really terrific strategy for advocacy."
- Stay on message. When you get the chance to do an interview, try to keep the conversation on the most important aspects of the story. "Practice to yourself. Jot down three bullet points on a Post-It Note and put it on your bathroom mirror so that if you do end up talking to a reporter [you] stay on topic." ■